

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

P.O. Box 12157 - Austin, Texas 78711-2157  
800-803-9202 - (512) 463-6599 - FAX (512) 463-1512  
www.tdlr.texas.gov    education@tdlr.texas.gov

APPLICATION FOR:

**Texas Barber School Barber Technician/Hair Weaving Curriculum Approval (600 Hour)**

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1601

<b>School Name:</b>	<b>License #:</b>	
<b>School's Mailing Address</b>		
<hr/>		
Number, Street and Apt. No	-OR-	PO Box Number
<hr/>		
City	State	Zip Code
<hr/>		
Contact Person	Email Address (johndoe@aol.com for example)	
(       )	(       )	
Area Code - Contact Phone Number	Area Code – Alternate Phone Number	
<hr/>		
<b>Course Length and Curriculum Content 1601.557; Barber Technician/Hair Weaving 82.120 (i) (A-L) &amp; (A-Q) 600 hours</b>		
<b>Place a check in the box below to confirm compliance with the curriculum content requirements of 1601.557</b>		
<div style="display: flex; align-items: flex-start;"><div style="width: 50px; height: 50px; border: 2px solid black; margin-right: 10px;"></div><div><p>I confirm our school will develop our daily lesson plans in accordance with 82.120 including all 600 hours of sections 82.120 (i) (A-L) &amp; (A-Q) and in accordance with 82.120 (i) to be completed in a course of not less than 16 weeks.</p></div></div>		
<b>Provide below the number of weeks, hours and total hours which should total 600 hours for full and/or part time students.</b>		
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<b><u>Full-Time Students:</u></b>		
<ul style="list-style-type: none"><li>The Class A Barber term will be _____ number of weeks for _____ number of hours each week totaling _____ hours.</li></ul>		
<b><u>Part-Time Students:</u></b>		
<ul style="list-style-type: none"><li>The Class A Barber term will be _____ number of weeks for _____ number of hours each week totaling _____ hours.</li></ul>		
<b>STATEMENT AND SIGNATURE OF APPLICANT(S)</b>		
<p>By signing this application, I certify all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, 1601 and 1603; Texas Administrative Code, Title 16, Chapter 60 and the Barber Administrative Rules, Texas Administrative Code, Title 16, Chapter 82. I understand that providing false information on this application may result in revocation of our license or the approval being requested and the possible imposition of administrative penalties.</p>		
<hr/>		
Printed Name of Owner, Officer, or Authorized Representative	Signature of Owner, Officer, or Authorized Representative	Date Signed

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**CERTIFICATION STATEMENT OF REQUIRED DOCUMENTATION****School Name:****License #:**

By checking the following box and by my signature, I certify that the required documentation will be maintained and made available to the Department and the required information will be provided to all prospective students. I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1601 and 1603; Tex. Admin. Code, Title 16, Chapter 60 and the Barber Administrative Rules, Tex. Admin. Code, Title 16, Chapter 82. I understand that providing false information on this application may result in revocation of the license I am requesting or the approval requested and the imposition of administrative penalties.

**Place a V in each box:**

<input type="checkbox"/>	<b>Course Outline</b> (in accordance with §1601.556, <i>this is your course syllabus</i> )
<input type="checkbox"/>	<b>Tuition &amp; Fee Schedule</b> (in accordance with §1601.556; <i>public high schools are exempt</i> )
<input type="checkbox"/>	<b>School's Tuition Refund Policy</b> (in accordance with §1601.556-562-563; <i>public high school or colleges are exempt</i> )
<input type="checkbox"/>	<b>Attendance Policy and Grading Policy</b> (in accordance with §1061. 559-561-556)
<input type="checkbox"/>	<b>Withdrawal or Termination Policy</b> (in accordance with §1601.564)
<input type="checkbox"/>	<b>Make-up Hour Policy</b> (in accordance with §1601.556)
<input type="checkbox"/>	<b>Daily Lesson Plans</b> (in accordance with §1601.557)

**SIGNATURE(S) OF CERTIFICATION STATEMENT**

Printed Name of Owner, Officer, or Authorized Representative

Signature of Owner, Officer, or Authorized Representative

Date Signed

Printed Name of Owner, Officer, or Authorized Representative

Signature of Owner, Officer, or Authorized Representative

Date Signed